Karla Guererri City Clerk Phone (518) 279-7134 Fax (518) 270-4639



Pursuant to § 120 Code of Ordinances
LICENSE
TO OPERATE A
COMMERCIAL
AMUSEMENT

**Troy, NY 12180** 

Applicant(s) Information  1. Name(s) of Applicant(s):
2. Address:
3. Social Security Number: 4. Phone #:
Premises Information  1. Address of Premises:
<ol> <li>Describe the character of the business carried on at the premises if used other than exclusively as a commercial amusement facility.</li> </ol>
Registered Agent Information (If any registered agent of the applicant upon whom service of process is authorized to be made)  1. Name:
2. Address:
Persons in charge of Commercial Facility  1. Name:
1 Name
1. Name:
1. Name:  2. Address:
1. Name:  2. Address:
1. Name:  2. Address:  3. Social Security Number:  4. Phone #:  Has Anyone Listed on this Application ever been Arrested (the fact of conviction in any jurisdiction of any offense which, under the laws of NYS, constitutes a crime as defined in the Penal Law with a full disclosure of the nature of the offense, time and place of commission,
1. Name:  2. Address:  3. Social Security Number:  4. Phone #:  Has Anyone Listed on this Application ever been Arrested (the fact of conviction in any jurisdiction of any offense which, under the laws of NYS, constitutes a crime as defined in the Penal Law with a full disclosure of the nature of the offense, time and place of commission,
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Owners of Business Premises  1. Name of owner of premises:  2. Owners address:			
		3. Nature of the right of occupancy and use:	
ALL ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  I hereby authorize the Troy Police Department to make a search to determine whether any of the individuals named in this application have been convicted of a felony.			
Signature:	Date:		
License Fee Check enclosed: \$	Chk #:		
Approved by:			
Police Chief	Date:		
Fire Chief			
Code Enforcement	Date:		
City Clerk:			
Date License Issued:			